UNITED STATES OF AMERICA
COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

OFGS FILE NO. P/10-658

As a brown named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I werely believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject potter which is claimed and for which a patent is sought on the invention entitled:

DV/ST-DETECTING OVERCURRENT PROTECTION CIRCUIT FOR POWER SUPPLY

Tubbull				
the specification of which is attached hereto, unless the following box is checked:				
was filed on <u>January 16, 2004</u> as United States patent Application Number or PCT International patent				
application number 10/759,690 and was amended on (if any).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, \$1.56.				
I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:				
Prior Foreign or Provisional Application(s)				
COUNTRY	APPLICATION NUMBE	ER DATE OF (day, mor	th, year)	PRIORITY CLAIMED JNDER 35 U.S.C. 119
			Y	ES NO
				ES NO
			YI	ES NO
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.				
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)		STATUS (patented, pending, abandoned)	
10/458,608	10 June 2003		Pending	
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.				
SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMERICAS (212) 382-0700 (212) 382-0700				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
FULL NAME OF SOLE OR FIRST INVENT Richard L. BLACK	OR INVENTO	S SIGNATURE RULL	DATE 5/	7/04
RESIDENCE (City and either State or Foreign Country) Gilbertsville, PA			COUNTRY OF CITIZENSHIP U.S.A.	
POST OFFICE ADDRESS 2554 Lafayette Court, Gilbertsville, PA 19525				
FULL NAME OF SECOND JOINT INVENT	OR (IF ANY) INVENTO	DR'S SIGNATURE	DATE	
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSE	IIP .
POST OFFICE ADDRESS				

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